

Case Number:	CM15-0037603		
Date Assigned:	03/06/2015	Date of Injury:	06/19/2014
Decision Date:	05/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who sustained an industrial injury on 6/19/14. Injury occurred when a loose keyboard fell off a table and hit her right knee, with acute onset of knee pain. The 8/30/14 right knee MRI impression documented a questionable small complex tear of the medial meniscus, questionable small radial tear in the lateral meniscus, and intrasubstance degeneration of both the lateral and medial menisci. There was a subchondral degenerative cyst in the lateral tibial plateau and joint effusion. The 1/13/15 treating physician report cited continued knee pain with throbbing sensation. There was no change in the physical exam. The diagnosis included medial meniscus tear and possible lateral meniscus tear. The treatment plan indicated that surgery was pending, including post-op physical therapy, pre-operative clearance, and continued medications. The 1/29/15 utilization review non-certified a request for right knee partial meniscectomy and the associated surgical requests for post-op physical therapy x 12, crutches one week rental, Vicodin, Voltaren, Robaxin, and pre-operative evaluation and clearance. The rationale for non-certification noted that there were no mechanical symptoms and lack of definitive MRI findings. The 2/12/15 treating physician report appeal report stated that the patient had persistent right knee pain with locking, catching and giving way on a daily basis. She was unable to kneel, squat, twist or pivot. There was a marked positive medial McMurray's test with palpable and audible click. There was plausible imaging evidence of a meniscal tear, with signal changes in the medial meniscus extending within various surfaces on more than one slide. Conservative treatment had included activity restrictions, physical therapy, bracing, anti-inflammatory medications, and corticosteroid injection with continued symptoms. Surgery was

again requested. Pre-operative clearance with an internist was requested as the injured worker weighed 300 pounds and was diabetic. Application for independent medical review (IMR) was submitted 2/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Partial meniscectomy, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This patient presents with persistent function-limiting right knee pain with locking, clicking and giving way on a daily basis. Clinical exam findings are consistent with plausible imaging evidence of a meniscal tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post op physical therapy, 12 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Crutches, one-week rental: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.

Vicodin 7.5mg/300mg for 2 weeks post op: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The California MTUS guidelines support the use of opioid medication, like Vicodin, for severe pain, limited to no more than 2 weeks. The post-operative use of this medication would be medically appropriate but this request does not provide the quantity of medication being prescribed. In the absence of this documentation, the medical necessity cannot be established. Therefore, this request is not medically necessary.

Voltaren 75mg, one twice a day for 2 weeks post op: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The California MTUS guidelines support the use of non-steroidal anti-inflammatory drugs, like Voltaren as an option for pain. The post-operative use of this medication is consistent with guidelines as prescribed. Therefore, this request is medically necessary.

Robaxin 500mg twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS chronic pain guidelines generally recommend non-sedating muscle relaxants, like Robaxin, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. There is no compelling reason to support the medical necessity of a muscle relaxant following meniscectomy surgery and there is no current clinical evidence of a low back complaint. Additionally, this request does not specify the quantity of medication being prescribed. In the absence of this documentation, the medical necessity cannot be established. Therefore, this request is not medically necessary.

Pre operative evaluation and clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the patient's age, comorbidities, long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.